

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046302

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 542

Registrar's No. 3747

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

4009

4003

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94200

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ferguson</b>		c. CITY OR TOWN <b>Kirkwood</b>	
Length of stay in 1b <b>5 Mos.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Oak Knoll Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>415 Parkwood Dr.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Shirley</b> Last <b>Christy</b>			
4. DATE OF DEATH Month <b>Dec.</b> Day <b>7</b> Year <b>1963</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/6-1882</b>
9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager - Insurance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Prudential Life Ins.</b>	
11. BIRTHPLACE (City and state or country) <b>Sumner, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph S. Christy, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Rose</b>	
14. NAME OF HUSBAND OR WIFE <b>Henrietta B. Christy</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>1212 Old Florissant Rd. Mrs. Lyle Treat-Ferguson 35, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Decompensation</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>5 years</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral Hemorrhage - left Hemiplegia.</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>November 1951</b> to <b>December 1963</b> and last saw her alive on <b>December 6, 1963</b> Death occurred at <b>6:55 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert M. Launch, M.D.</b>		22b. ADDRESS <b>52 Maryland Plaza</b>	
22c. DATE SIGNED <b>7 Dec. 63</b>		22d. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12/9-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>White-Mullen Mort.-Ferguson 35, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-9-63</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy, M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address Berkeley 34, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Missouri

St. Louis

Bellevue Cemetery

Removal 12/9-1963

White-McLaren Mort.-Ferguson 35, Mo.  
118 No. Florissant Rd.

Joseph S. Christy, Sr. Manager - Insurance  
Harriet Rose  
1212 Old Florissant Rd.  
488-05-9207 Mrs. Lyle Tread-Ferguson 35, Mo.  
U.S.A.

Male White

x

Joseph Shirley Christy

Dec. 7

1963

Oak Knoll Rest Home

x

415 Parkwood Dr.

Kirkwood

2 Mos.

Ferguson

St. Louis

Missouri

St. Louis

x

x

12/9-1963